

**CARD SERVICES
DISPUTE CLAIM FORM**

COMPLETING THIS FORM

- Please complete all applicable fields in this form
- **For ATM Disputes:** If your dispute relates to an ATM not paying out the correct amount you requested, please only complete Section 1, 2 and 6 of this form
- **ALL OTHER DISPUTES:** For all other disputes, please complete the form in full
- Information about your transactions including merchant name can be found on your online statement
- If you require more space, please use additional sheets of paper
- Attach all supporting documentation mentioned in this form
- Sign, date and return this form to avoid delay
- Return the completed form to:
Mail: Disputes, Access House, Cygnet Road, Cygnet Park, Hampton, Peterborough PE7 8FJ, United Kingdom
Email: prepaidmgmt_ppc_disputes@mastercard.com
Fax: +44 (0)208 610 4820
- Completed form **MUST** be received within 60 days, or we will assume you no longer wish to proceed with the dispute and your case will be closed
- For questions about completing this form, please contact our customer service team at: 1-877-465-0085.

SECTION 1: YOUR PERSONAL DETAILS

CARDHOLDER NAME		
CARDHOLDER ADDRESS		
CARD NUMBER: □□□□-□□XX-XXXX-□□□□(for security reasons, do not provide your full card number)		
CONTACT PHONE NUMBERS	HOME	
	MOBILE	
	TEMPORARY	
EMAIL ADDRESS		

SECTION 2: DETAILS OF DISPUTE

TRANSACTION DATE	MERCHANT NAME	TRANSACTION REF NUMBER	AMOUNT

Please continue on the reverse of this form or another sheet if necessary

SECTION 3: CARD DETAILS

Did you sign the card? <i>If 'no' please explain why</i>	Yes / No
Where did you last use the card?	
What date and time did you last use the card?	
Is the card still in your possession?	Yes / No
Could anyone have taken your card, used it and then replaced it? <i>If yes, please provide details</i>	Yes / No
Do you keep a written copy of your PIN? <i>If yes, please provide details</i>	Yes / No
Could your PIN be known to other persons? <i>If yes, please provide details</i>	Yes / No
Do you know the person who did these transactions? <i>If yes, please provide details</i>	Yes / No

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SECTION 4: COMPLETE IF CARD IS <u>NOT</u> IN YOUR POSSESSION	
How has the card come to be out of your possession?	Lost / Stolen / retained in ATM / Not received in post / other (provide details)
Please provide details of date and time:	
What other documents or personal property was lost or stolen at the same time?	

SECTION 5: COMPLETE IF CARD <u>IS</u> IN YOUR POSSESSION	
What is the expiry date of the card?	
Have you ever given your card details to a third party? <i>If yes, please provide details of who, when and the reason</i>	Yes / No
Have you ever used your card at any of the merchants where you are disputing the transactions? <i>If yes, please provide details of your transactions and attach supporting documents such as receipts</i>	Yes / No
Have you ever visited the country where the disputes took place? <i>If yes, please provide details</i> <i>If the transactions happened after you had left the country, please provide travel related documents to show this</i>	Yes / No
When was the last time you used your card? <i>Please provide details of date, time, merchant name and location</i>	
Could the purchase belong to another party on your account (secondary cardholder)? <i>If yes, please provide details</i>	Yes / No
Have you ever entered your card details on the Internet? <i>If yes, please provide details including anyone else who has access to your computer</i> <i>Please include any free services or subscriptions you have signed up for</i>	Yes / No
Have you contacted the merchant in the attempt to resolve this issue? <i>If yes, please provide supporting documents showing details including dates, method of contact and response from the merchant</i>	Yes / No

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Affidavit of Fraud

Province of _____

City of _____

I, _____, residing at _____

Being duly sworn, say that my card was: (check one)

_____ **LOST**

_____ **STOLEN**

_____ **NOT RECEIVED**

_____ **CARD IN POSSESSION**

_____ **OTHER** (Please explain)

Card Number: - XX - XXXX -

(For security reasons, do not provide your full card number)

I have included a listing of all fraudulent transactions and/or a statement copy, with the disputed transactions circled. In addition, any transactions billed on or after ____/____/____ are unauthorized. I did not make these transactions, and I did not receive any benefit from them.

I further agree that any information relating to the unauthorized use of the card may be provided to an investigative or prosecutorial agency. In addition, I will cooperate with parties involved in any investigation. I agree to assist in the prosecution of those found responsible.

I declare under penalty of perjury that the foregoing is true and correct. I understand that a false claim of fraud is a crime that I can be prosecuted for.

Primary cardholder signature: _____

Date: _____